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| APPLICATION NO. | FILING DATE | FILING DATE | | FIRST NAMED INVENT | | TOR ATTORNEY DOCKET NO | | | CONFIRMATION NO. | | |
| 10/621,952 | 07/17/2003 | | | Timur Tabi | | | AUS920030472US1(4011) 1545 | | | | |
| TITLE OF INVENTION: METHODS, SYSTEMS, AND MEDIA TO AUTHENTICATE A USER | | | | | | | | | | | |
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| APPLN. TYPE | SMALL ENTITY . | IS | SUE FEE DUE | PUBLICATION FEE I | OUE | PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | | DATE DUE | |
| nonprovisional | al NO \$1510 | | | \$300 | | | \$1810 05/11/2009 909 DEHHANU2 00000053 090447 10621952 | | | | |
| EXAMINER | | | ART UNIT | CLASS-SUBCLASS | S | 01 f(::): | | | | | |
| GEE, JASON KAI YIN 2434 | | | | 713-201000 | 713-201000 Ø2 FC | | | 300.00 DA | | | |
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| Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Schubert Osterrieder & Nickelson PLLO | | | | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | ТО В | E PRINTED ON T | THE PATENT (print of | or typ | e) | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | | | | |
| (A) NAME OF ASSIG | • | 70402 | | (B) RESIDENCE: (C | _ | J | COUNT | TRY) | | | |
| International Business Machines Corporation Armonk, New York | | | | | | | | | | | |
| Please check the appropri | ate assignee category or | catego | ries (will not be pr | inted on the patent): | | Individual EC | orporati | on or other private gro | oup entity | Government | |
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| Authorized Signature /Jeffrey S. Schubert/ | | | | | | Date | F | February 26, 2009 | | | |
| Typed or printed name | | | · · · · · · · · · · · · · · · · · · · | | | Registration N | | | | | |
| This collection of informan application. Confident | ation is required by 37 Ciality is governed by 35 | FR 1.3 U.S.C | 11. The information 122 and 37 CFR | n is required to obtain | n or n | etain a benefit by timated to take 12 | he pub | lic which is to file (and to to complete, including | by the U | SPTO to process) | |

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